## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10604100

| (Column 1) (Column 2)                 |   |   |                                     |                               |                      |                  | SMALL ENTITY TYPE |               |                        | ΩD      | OTHER THAN OR SMALL ENTITY |                        |
|---------------------------------------|---|---|-------------------------------------|-------------------------------|----------------------|------------------|-------------------|---------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS                          |   |   | 12                                  |                               | (Soldini) Z          |                  | RAT               | F             | FEE                    | 0n<br>1 | RATE                       | FEE                    |
| FOR                                   |   |   | NUMBER FILED                        |                               | MILIME               | ER EXTRA         | BASIC             |               |                        |         | BASIC FEE                  |                        |
| · · · · · · · · · · · · · · · · · · · |   |   | 10                                  |                               |                      | Z Z              | JAGIO             |               | 373.00                 | OH      | DAGIO I EL                 | 730.00                 |
| TOTAL CHARGEABLE CLAIMS               |   |   | / 3 minus 20=                       |                               | * 0                  |                  | X\$ 9             | <del>)=</del> |                        | OR      | X\$18=                     |                        |
| INDEPENDENT CLAIMS                    |   |   | 3 minus 3 =                         |                               |                      |                  | X42               | :=            |                        | OR      | X84=                       |                        |
| MU                                    | LTIPLE DEPEN  | IDENT CLAIM PI                            | RESÉNT                              |                               |                      |                  | +140              | )=            |                        | OR      | +280=                      |                        |
| * If                                  | the difference  | in column 1 is                            | less than zero, enter "0" in columi |                               |                      | column 2         | TOT               | ٩L            |                        | OR      | TOTAL                      | 150                    |
|                                       | С   | LAIMS AS A                                | MENDE                               | ENDED - PART II               |                      |                  |                   | <u></u>       |                        |         |                            | THAN                   |
|                                       |   | (Column 1)                                |                                     | (Colur                        |                      | (Column 3)       | SMA               | LL            | ENTITY                 | OR      | SMALL                      |                        |
| AMENDMENT A                           |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA | RAT               | Ε             | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                       | Total   | *   | Minus                               | . **                          |                      | =                | X\$ 9             | )=            |                        | OR      | X\$18=                     |                        |
|                                       | Independent   | *<br>NTATION OF MI                        | Minus                               | ***                           | CL AIM               | ]=               | X42               | =             |                        | OR      | X84=                       |                        |
|                                       | 11101111202   | INTAMON OF MA                             | SETTI EL DI                         | LILINOLIN                     | OBAIN                |                  | +140              | )=            | *                      | OR      | +280=                      |                        |
|                                       |   |   |                                     |                               |                      |                  |                   | TAL           |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|                                       |   | (Column 1)                                |                                     | (Colu                         | mn 2)                | (Column 3)       | ADDIT.            |               |                        |         | ADDII. FEE                 |                        |
| AMENDMENT B                           |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA | RAT               | E             | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                       | Total   | *   | Minus                               | **                            |                      | =                | X\$ 9             | )= .          |                        | OR      | X\$18=                     |                        |
|                                       | Independent   | *   | Minus                               | ***                           |                      | =                | X42               | =             |                        | OR      | X84=                       |                        |
| L                                     | FIRST PRESE   | NTATION OF MI                             | JLTIPLE DE                          | PENDENT                       | CLAIM                |                  |                   |               |                        |         |                            |                        |
|                                       |   |   |                                     |                               |                      |                  | +140              |               |                        | OR      | +280=                      |                        |
|                                       |   |   |                                     |                               |                      |                  | ADDIT.            | TAL           |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|                                       | - 134° · · · · · · · · · · · · · · · · · · ·  | (Column 1)                                | (1)                                 | (Colu                         |                      | (Column 3)       |                   |               |                        |         |                            |                        |
| AMENDMENT C                           |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA | RAT               | E             | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                       | Total   | *   | Minus                               | **                            |                      | =                | X\$ 9             | II            |                        | OR      | X\$18=                     |                        |
|                                       | Independent   | *   | Minus                               | ***                           |                      | =                | X42               |               |                        |         | X84=                       |                        |
|                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                     |                               |                      |                  | 7.42              |               |                        | OR      | 704=                       |                        |
|                                       |   |   |                                     |                               |                      |                  |                   | =             |                        | OR      | +280=                      |                        |
| **                                    | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                                     |                               |                      |                  |                   |               |                        | OR      | TOTAL<br>ADDIT, FEE        |                        |
|                                       |   | ımber Previously P<br>nber Previously Pa  |                                     |                               |                      |                  | ADDIT, f          |               | oropriate bo           | x in co |                            |                        |